mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12447
1. PLACE OF DEATH	3
County tomercet	Registration Dist. No. 2068
Village or City Wanna Md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillyon Baley a	- 10
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and yeer) 12-20-33	I lest sew h; death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
0 0 0 or_Q_min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Q + + +
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	V Salurely
work was done as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BfRTHPLACE (city or town) We med (State or country)	Other Contributory Causes of Importance:
A	
14. BIRTHPLACE (city or town). Deals filed, "Md	Name of grantian
(State or country)	Neme of operation Oate of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sergie Rolling	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Seorgie Column 16. BIRTHPLACE (city or town). Westerna, Ma.	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) 17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place A Call Thomas Oate DE 21, 1933	Nature of injury
19. UNDERTAKER SUPPLY (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED DEC 21, 1933 Rom Welster Registrar.	(Signed) M. Sheviz M. D. (Address) Deal Island M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	F. 100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
I. PLACE OF DEATH	768
County Decerous	Registration Dist. No.
Village or City / Quitall 7201	NoSt.,Ward
F.,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Delle Atkeys or	/ now long in 0.5.11 of foleign bif(ii:yismosus.
1/2 + 202	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Dic 22 193 3
Ba. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	July 19 1933 to Die 22 w 19 38
6. DATE OF BIRTH (month, day, end year) Daux Keeber 18	I last saw h. L. alive on Del y 4 mod , 1933; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 10
55 Supposed 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Housewas K. SAWYER, BOOKKEEPER, etc.	210 + 6 21 - 1201
9. Industry or business In which	Heary Vallaus Con
work was done, as SILK MILL, SAW MILL, BANK, etc.	gr wapey,
3 10. Date deceased last worked et 11. Total time (years)	
this occupetion (month and spent in this occupation	
1/2 1/2 2-1:	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / LASA D / NAV	
917: 1	Topurius diracea
13. NAME // lleau Ntkussu 14. BIRTHPLACE (city or town) Don't Know (State or country)	
4 14. BIRTHPLACE (city or town) Dan Kundul	Name of operation Date of
1 (State of country)	What test confirmed diagnosis? Was there an autopsy?_Av
15. MAIDEN NAME Succe I falbrook 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) / lellou /m.	Where did injury occur?
17. INFORMANT Lewise, Waters	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) . I leutou Warrand	
18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury
Place Verles 10 Date Die 24, 19 33	Nature of injury
Educal America	24. Was disease or injury In eny way related to occupation of deceased? hv
19. UNDERTAKER GOULLOSS (Address) Primer Assert Mod R 3	If so, specify
Day of hom (D) N	(Signed) Salar Tubra M. D.
20. FILEBLIE 24, 1933 2 4 DI Some /	(Address) Object Small
Registrar.	" (Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
81710			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA.

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

		F MARYLAND-	CERTIFICATE OF DEATH	2449
1. PLACE	OF DEATH		(46)	> 7
County_	Somerset		Registration Dist. No. 2	65
Village o	r City 11/4 Ver	nom Tyle.	No. St., death occurred in a hospital or institution, give its NAME instead of street ar	
Length of	rasidanca in city or town where d		ds. How long in U.S. if of foreign birth?yrs	
2. FULL N	IAME Iresto	m Barpley		
(a) Resid	dence: No.	- Ucrnon Pala (Usual place of abodie)	nces. Anward, TR	and State
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <u>3</u>
5a. If marriad, wi HUSBAND o (or) WIFE o	dowad, or divorced Hannah	. idar Hley	22. I HEREBY CERTIFY, That I attand	dacaased from
6. DATE OF RIRT	'H (month, day, and yaar)	Tune 9 1815	I last saw harm elive on Hac 44 193	3 : death Is said
7. AGE /	Years Months	Days If LESS than	to have occurred on the date steted ebove, at 2-0-04 m.	
86	75 76 ma	2 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance	
_ 8. Trade, pr	ofession, or perticular	1 01	ware as follows:	Data of onsat
SAWY	of work dona, as SPINNER, CER, BOOKKEEPER, etc.	Juster man		
9. Industry	or business in which		Carsinema of Pyloris	1932
3 SAW	was done, es SILK MILL, MILL, BANK, atc.	41	and of Stamped	
	eesed last worked at ccupation (month and	11. Totel time (years)		
yaer)	ccupation (month and	occupation	Other Contributory Causes of Importanca;	
12. BIRTHPLACE		ernon		
(State or o	country)	10		
13. NAME	Mufus	Bar Pley		
13. NAME	ACE (city or town)	gryland	Name of operation Dete of	
(State	or country)		Whet test confirmed diagnosis? Was there a	n eutopsy? No
15. MAIDEN 16. BIRTHPLA	NAME ITATY T	സേര	23. If daath was due to external causes (VIOLENCE) fill in elso the follow	ring:
5 16. BIRTHPLA	ACE (city or town)	ary land	Accident, suicide, or homicide? Date of injury	, 19
∑ (State	or country)		Whera did injury occur?	
17. INFORMANT _ (Addrass)	Hames Pres	ton Barbley	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREA	ATION, OR REMOVAL		Manner of Injury	
Place	17 / James	Date 200, 13, 1933	Natura of Injury	
19. UNDERTAKER (Addrass)	De de Don	lie Ji	24. Wes disease or Injury in eny way related to occupation of decaased?	
D	1/12 = 3 . 8	All Corplet	(Signed) Oldon J. Darks ma	Que, M.D.
20. FILED	4,1.4.19.5.5 1. 18	Registrar.	(Addrass) Py, anne, mel	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	\$1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE PLAINLY, WITH

TION is very important. See instructions on back of

PHYSICIANS should state

of OCCUPA-

Exact statement

	3	INIL	JI IV	IVVI	LAND	CLITITICATE OF BLATT
1. PLACE	OF DEAT	ГН				12450
County	Somers	set				Registration Dist. No. 262
Village	or CityC	okesbur	V			No. St. Ward
		ty or town where		rred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FIII I	NAME R	red T.B	ni++			
	sidence: No.	Cle	1	444211		St Ward. •
(a) Re	sidence: No	LR.CUS	Up	ual place o	abode)	If nonresident give city or town and State
PERS	SONAL AN	D STATIST	ICAL F	ARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		R OR RACE	5. SING	LE, MARR	(write the word)	21. DATE OF DEATH
Male		nite	1	Si	(write the word) ngle	December 25th 193 3 (Month) (Day) (Year)
5a. If married, HUSBAND (or) WIFE	widowed, or divo	rced	1			22. AL HERERY CERTIFY That I stiended degeased from
(or) WIFE	of					lee 25 (21933) - after least 19
6. DATE OF BI	RTH (month, day	(, and year)] a	rch	22nd	.1915	I last saw he alive one Leeke , 1923; death is said
7. AGE	Years	Months	1	ays	If LESS than	to have occurred on the date stated above, at 3.20P_m.
	17	9	1	3	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade,	profession, or pa d of work done,	articular as SPINNER.	1+	Home		Date of Original Property of the Control of the Con
SA	VYER, BOOKKEE v or husiness in	PER, etc.	AU	поще		acceptulat brown
Wor SA	k was done, as S W MILL, BANK, e	SILK MILL,				my francis (rufle)
3 10. Date d	eceased last wor occupation (mor	ked at	1	1. Total tin	ne (years) In this	accidental not homicidal confor
yea	r)				ation	Other Contributory Causes of importance:
12. BIRTHPLAC	CE (city or town).	Somers			У	accidentally killed by a rible-ball, which
-1	r country)		ryla	nd		passed nearly through chest from right to
13. NAME		3rittin				left
	LACE (city or to ate or country)	wn)Somer	set.	Coun	ty	Name of operation
		Llie Be	ylan			What test confirmed diagnosis? Was there an autopsy?
		Sama			ntv	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Somerset County (State or country) Naryland						Where did Injury occur.
2 10500000	RTRY		-			(Specify city or Jown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT B. I. Brittingham (Address) Princess Anne . Md. R. F. D.						Jon a James
18. BURIAL, CREMATION, OR REMOVAL						Manner of influence decharged while another order
Imanuel Cemetary Date Dec. 27th, 1933.						Nature of injury will throng both was any hear
19. UNDERTAK		outo	Ste	ve	uson	24. Was disease or Injury In any way related to occupation of deceased?
(Addres	s) Focomo	oke Cit	y,l'a	ryla	nd.	If so, specify
20. FILED	ee. 27,	933 Da	mul	US	catt	(Signed) M. D.
		7.6	blant.	maid:	Registrar.	(Address)
		15 more	viants are	neeaea, ad	aress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	11	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	DEBERMEN	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 9 134	July 5,1927	Perilonitis	3 days ago	
	RUREATIVE				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

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AGE should be

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See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

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of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

12657

1	. PLACE OF DEATH		
	County Smund		Registration Dist. No. 26/
	Village or City masi	an my	No. St. Ward
	Length of residence in city or town where	death occurred 55 yrs. 7	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos,
	7.	C Bo 10	mosyrs
	. FULL NAME Massic	12 Commoc	7
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
4.000	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	
Y	mal Mute	mones	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY That I attended deceased from
_	(or) WIFE of Fred Bu	mbley	22. I HEREBY CERTIFY, Thet I attended deceased from 19
6.	DATE OF BIRTH (month, day, end year)	y 27 18 79	1 last sew h elive on, 19, death is said
7	AGE Years Months	Deys If LESS tha	to heve occurred on the date stated above, atm.
	35- 7	l dey,min.	were as follows.
z	8. Trade, profession, or particular kind of work done, es SPINNER,		Date of oneet
E	SAWYER, BOOKKEEPER, etc		tomo muslued.
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Fenocurlo	
220	NQ. Date deceased last worked at	11. Totel time (yeers)	
7	this occupation (month and 33	spent in this 30,	
12.	BIRTHPLACE (city or town)		Other Contributory Causes of importance:
	(Stete or country)		- O H of t Tuesnal sem
1ER	13. NAME Lem But	les	
FATHER	14. BIRTHPLACE (city or town) . Del		Neme of operation Date of
-	(State or country)		Whet test confirmed diagnosis? Wes there en autopsy?
MOTHER	15. MAIDEN NAME O'ercilla	lourseu &	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
MOT	16. BIRTHPLACE (city or town) 222 A	2	Accident, suicide, or homicide? There ile Date of injury be 31 , 1933
	Care or country)	00	Where did injury occur? (Specify city or town, county and State)
17.	(Address) The dates	inally.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	1.	Manner of Injury 2007
	Place I auls Cem	Dete	Neture of injury slab hour 7 4 hd from Y hot klun
10	UNDERTAKER Ofm albros	dele	24. Was disease or injury In eny way releted to occupetion of decessed?
13.	(Address)	ngo	If so, specify A
20	FILED N/3 V 13 Dure	lia 12, Jawson	(Signed) George Coulland M.D.
J.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Registrar	(Address) mount mo
100	If more	blambe and meded all Con D	NO. I C. DI.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DEGE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREALL				
Other contributory causes of importance:		Other contributory causes of importance:	- <u>V</u> -1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	Every
•	RECORD
DNG.	TNEN

PHYSICIANS should state

be stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

ż

of OCCUPA.

Exact statement

of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIMIL	1 1/1//11	ILAND	CERTIFICATE OF DEATH	151
1. PLACE OF DEATH			932	401
County Somerset			Registration Dist. No.	00
Village or City Princess	Anne		No	Ward
Length of residence in city or town where de	eath occurred		f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL NAME Mary Pret	tyman I	ashiell		
(a) Residence: No. Bruss	(Usual place	in of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH December 24,	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of S. Frank Da	chiall			
(or) WIFE of D.F.T. All R. Da	SHIGHT		22. I HEREBY CERTIFY, That lattende September 15 19 33 to December	24 1933
6. DATE OF BIRTH (month, day, and year) AD.	ril 27.	1891	last sawher alive on December 24 193	3 : death is said
7. AGE Years Months	Oays	If LESS than	to have occurred on the date stated above, at 10.20A.M.	
62 7	27	1 day, hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housew	fo		
SAWYER, BOOKKEEPER, etc	Housew.	116	Chronic Myocarditis	4g mos
work was dona, as SILK MILL, SAW MILL, BANK, etc			Edema of lungs	12 hrs
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year)	11. Total is spe	time (years) ent in this upation		
12. BIRTHPLACE (city or town) Maryla: (State or country)	nd		Other Coutributory Causes of importance:	
# 13. NAME Henry P. White				
13. NAME Henry P. White	land		Name of operation Date of	
(State of country)			What test confirmed diagnosis? Was there ar	
15. MAIOEN NAME Elizabet		vard	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIOEN NAME Elizabet. 16. BIRTHPLACE (city or town) Maryl (State or country)	and		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Harry C. Da (Address) Prince	ashiel] ss Anne		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC F	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	. Date . 131	26 ,19 33	Manner of injury	
19. UNDERTAKER Dale Dog (Address)	Field	29.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO. 13 9 3 9	Smi	Registrar.	(Signed) Outherme Tours	77 A. M. D.

If now blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PLACE OF DEATH WITHIN CORPO	CERTIFICATE OF MARYLAND
	Registration Dist. No. 265
Village or City Crisfield (No	Faird ONEst: Ward) (If death occurred a hospital or institution, give its NAME is stend of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED. OR BHORCED (Write the word)	16 DATE OF DEATH Dec 9, 1933. (Month) (Day) (Year)
6 DATE OF BIRTH 4 27 , 133	I HEREBY CERTIFY, That I attended the deceased fro
(Month) (Day) (Year) 7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at 2, 90 pr The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	diokalno + Entrits
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos 3d
9 BIRTHPLACE (State or country) Crisfield Md	Contributory Secondary (Duration)
10 NAME OF FATHER PREISE DAVENSON	(Signed) 1. Selection of M. 1
OF FATHER (State or country) Porchester C6- Ind	*State the I isesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Georgia Shehe 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients · Recent Residents) At place In the
(State or country)	of deat yrsds, Stateyrsmosds, Where was disease contracted,
(Informant) Real Darmsort	if not at place of dea.h?
(Address) Criefield and	Crefuld Cemetery Decil, 193.
15 Filed Gell, 1983 C. E. Collins	John a Bradelin Cusfuld
If more hanks are needed, addre a Ltate Kegistras	, 6 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write Nonc. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in doincstic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Compositor, Architect, For persons who have no occupation (6) Automobile factory. The material Laborer-Coal mine, etc. Locomotive (6) The ques-Grocery; engineer, Wom-

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by American Medical Association. (Recommendations on statement of cause of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," Etc., when a definite disease "Inanition, "Exhaustion, "Debility" ("Congenital," causing death), 29 ds.; Bro hopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephrilis, " "Marasmus," "Old Age," "Shock, cough; 9.9 Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic valvular heart disease, "Senile," etc.), "Dropsy," etc. The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

ì	6	1	Po	">
1	4	4	0	2)

1. PLACE OF DEATH			(31)
County Sommunai	f.		Registration Dist. No. 76/
Village Dr City	ou pla	md	No. St., Ward
Length of residence in city_or town where	death occurred 53 v	rsQ_mos	death-occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Saroh	Elizabel	& Don	23
(a) Residence: No. Man	(Usual place of abo	ode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, OR DIVORCED (wn	ite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	tons		22. I HEREBY CERTIFY, That I attended deceased from 1983, to 200
6. DATE OF BIRTH (month, day, and year)	212/980.		I last saw her alive on Dec 6, 19.32; death is said
7. AGE Years Months	6 1d	If LESS than ay,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.			acut Del 7 Hent - Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	Freeend	lo,	
10. Date deceased last worked at this occupation (month and year)	11. Total time (y spent in to occupation	his 22	
12. BIRTHPLACE (city or town) D. A (State or country)			Other Contributory Causes of importance:
1 00	nelleau	W	Clare Viet neglecto
13. NAME (Less Junes) 14. BIRTHPLACE (city or town) DRA (State or country)			Name of operation
15. MAIDEN NAME Selia. 19 16. BIRTHPLACE (city or town)	Posale.		23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	₽		Accident, suicide, or homicide?, Date of injury, 19
State or country) 17. INFORMANT Dob Doron (Address) Marc	on ma	/	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Branch Cosneto	ngDate Dec 1	0.,19.33	Menner of injury
19. UNDERTAKER Chas H	ware		24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 19/9 , 133 Gus	elis B. Fre	ULTU Registrar.	(Signer, Europe William M.D. (Address) Marion M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	F DEATH	4	· · · · · · · · · · · · · · · · · · ·	6.
	Manne	()	Registration Dist. No. 🜙	00
Village or C	tity for the	my mix	NDSt., (If death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of res	idenca in city or town where	death occurred yrs.	nosds- How long in U.S. if of foreign birth?yrs	.mos
2. FULL NA	ME Slice	bom De	my "	
(a) Residen	ce: No.		St., Ward.	
		(Usual place of abode)	If nonresident give city or town a	-
	4. COLOR OR RACE	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	CH	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	193 3 3 (Year)
5a. If married, widov HUSBAND of (or) WIFE of	red, or divorced		22. I HEREBY CERTIFY. That I attande	
C DATE OF BIRTH	(month, day, and year)	2/12 33	I last saw h alive on	
7. AGE Yas		Oays If LESS than		, doddii 13
*	last & F	1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe	ssion, or particular	1 01	werd as rollows.	Oateolo
SAWYER	work done, as SPINNER, BDDKKEEPER, etc			
9. Industry or work wa	business in which s done, as SILK MILL, LL, BANK, etc		Lee bon	
	L, BANK, etced last worked at	11 Total time (years)		
this occu	pation (month and	11. Total time (years) spent in this occupation		
			Other Contributory Causes of importanca:	
12. BIRTHPLACE (ci				
1	A 8. 1	Booman -		
= //			Name of annualism	
14. BIRT HPLACI	country)		Mame of oparation Data of	
15. MAIDEN NA	ME DE	Shring	23. If death was due to external causes (VIDL ENCE) fill in also the follow	
E	11009	0	Accident, suicide, or homicide?Oate of injury	-
Stale of	(city or town)	-Na	Where did injury occur?	, #0
17. INFDRMANT(Address)	Verin K	repros	(Specify city or town, county and S Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMAT	TION OR REMOVAL MAN	Data 10/18 193	Manner of injury	
Placa	-	che a		
Placa	Jones V	Warrago	24. Was diseasa or injury in any way ralated to occupation of deceased? If so, specify	· · ·

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
400 0 1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	(J	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.

Every Item of information should be carefully suppiled. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-elassified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD PERMANEN BINDING K FOR IS UNFADING INK--THIS MARGIN RESERVED ≥ WRITE PLAINLY,

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Somerset	CERTIFICATE OF DEATH
		Registration Dist. No. 246
	E LICE TO THE TOTAL TO THE TOTAL TOT	(If death accurred li
	Village or City (No.	St.: Ward) a hospital or institution, give its NAME in
	2FULL NAME Milliam & L	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male While Single, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 96019, 7h, 1923
	8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	fan /2, 1836	Jemy 1923 2 to Usage , 1933
	(Month) (Day) (Year)	that I last saw ham alive on aug. 1923.
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	7 1 1 day hrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	J. Wrah
3	(a) Trade, profession or	reging atution,
1	particular kind of work	1 Blood presure 200
R	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. de
	which employed or (employer)	
2	9 BIRTHPLACE (State or country)	Secondary
	janguer /a	(Duration)ds
	TO NAME OF STATE OF THE STATE O	(Signed) M. D. M. D.
,	11 BIRTHPLACE	120/2 1923 (Address) ENGL, M. d.
	U) I	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF FATHER (State or country) 12 MAIDEN NAME (A)	Accidental, Suicidal or Homicidal.
	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
100	13 BIRTHPLACE	ients or Recent Residents) At place In the
E	OF MOTHER (State or Country) Tangus Va	of deathyrsds. Stateyrsde
1	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	2. 21 0 10	Former or usual residence
	(Informant) Ms Wy. E Degle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Ewill ma	Euch md. Dee 14, 1,33
	15 Filed far / 1984 Parrie Kilchin	20 UN DERTAKER B. L. O CLA SM &
	Regiatrar	1910 12 Tradehay
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write-None. business, that fact may be indicated thus; Famuer fre-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Colton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material 9 Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; approved by Committee on Nomenclature of the letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12456
1. PLACE OF DEATH	3
County Source	Registration Dist. No. 260
Village or City Thereen de	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
(S.)	- G
2. FULL NAME & Most fortus	Coans
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Tauck white	Peember (9 . 193 33 (Yéar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTLEY. That I attended deceased from
(or) WIFE of	19 , to
6. DATE OF BIRTH (month, day, and year) Lee 19.193	I last saw
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at G.Am.
0 0 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BDDKKEEPER, etc.	Mill Aras
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/ 5000 - 1000 - 200
10. Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation coupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Usa Bryden	23. If death was dua to external causes (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State-or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Colored Colored (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place . h.e. Circum Date + Cle / 4 , 1933	Nature of injury
19. UNDERTAKER father	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 19, 19 33 If Amith	(Signed) (Address) (Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r is a

IENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	ied. Exact statement of OCCUPA.	ALT.
ADING INK-THIS IS A PERMAN	d. AGE should be stated EXAC	s, so that it may be properly classif	ructions on back of certificate.
N. B WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplie	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

8

STATE OF MARYLAND	CERTIFICATE OF DEATH 12457
1. PLACE OF DEATH	
County Someract	Registration Dist. No. 270
Village or City Crusfield	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME ann Louise Ilis	llary
(a) Residence: No. 26 W. Man av	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Secural While Angels 5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	July , 1933 , to loc 11 , 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last sawh en alive on been 7 , 19.32; death is said
1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and property in this county in the co	in factor and
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Bornton	Other Contributory Causes of importance:
(Stata or country)	allen Congental realformations
13. NAME Best Willary	
13. NAME Bert Willary 14. BIRTHPLACE (city or town) Misconfin	Name of operation
(State of country) Missioner	What test confirmed diagnosis? Claused Was there an autopsy? 10
15. MAIDEN NAME Minnie Thankey	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
A2 + A1.00	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT A LICENTY (Address) (infield and	specify whether many occurred in thousant, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place William Villate Vill 13, 19.33	Nature of Injury
19. UNDERTAKER Joshu a. Bradshaw	24. Was disease or injury in any way related to occupation of deceased?
(Address) Crifield Mid.	If so, specify
20. FILED 12 CC /2 1933 C & Collins	(Signed) Salat M. D. (Address) Crestall M. D.
Registrar.	(Audress)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

DATE OF BURIAL

ADDRESS

Every Item o CIANS shoul statement of WRITE

	Exact	PLACE OF DEATH County Sorres
CORD	classified sate.	llage or City Lawsonia
	i 놀은	2FULL NAME LA
2	cort	PERSONAL AND STATIST
NE RE		SEX 4 COLOR OR RACE
NA	0	Female negra
A PERMANE		pate of BIRTH
S A A	ion	(Month)
F S	000 7	AGE
TIS TIS	nstr	hank 39 yrs.
RVE	pain terms so that it nt. See instructions o	a) Trade, profession or Hause particular kind of work
IARGIN RESERVED F UNFADING INKTHIS	In plair rtant.	b) General nature of industry ousiness, or establishment in which employed or (employer)
MARGIN	DEATH ry impor	STATE (State or country)
MAR H UNI		ID NAME OF FATHER
I	S S	11 BIRTHPLACE OF FATHER (State or country)
AINLY, (PAREN	12 MAIDEN NAME Charles
AINL	state curr	13 BIRTHPLACE OF MOTHER

(State or Country)

	10	>	1	-	
-	D	12	-	0	3
1	-	- 65	-	~	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 270

	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH Dec. 16 , 1923
	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended the deceased from
7	We 10 1983. to Wee, 16, 1933,
4	that I last aaw her alive on hole 1, 16 , 1923,
-	
n	and that death occurred on the date stated above, at 3:23 Pm.
3.	The CAUSE OF DEATH * was as follows:
-	Simulation
	I will ses of Mily and
••	, , , , , , , , , , , , , , , , , , ,
	7
17	(Duration) yrsmosds.
1	Contributory Secondary
	(Duration)ds,
I	(Signed) / Fil Tartley M. D.
-	De 16 19233 (Address) Crisfield, 2nd,
_	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usus! residence

SINGLE, MARRIED, WHOOWED. OR DIVORCED (Write the word)

(Day)

mos.

(Year) IIf LESS tha I day hr

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart lange," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of certificate.

TION is very important. See instructions on back

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	6,	1	15	6)
1	6	4	0	9

1. PLACE OF DEATH	(J3)
County Somerset.	Registration Dist. No. 76/
Village or City massing	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME du Jan Harsey	
(a) Residence: No. mann mo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Onse 4. COLOR OR RACE OR DIVORCED (write the word) Cal	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Markey Amount	22. I HEREBY CERTIFY. That I attended deceased from 1931, to See 10, 1933
6. DATE OF BIRTH (month, day, and year) not pure 1863	I last saw har alive on Aco / 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 m.
70; unknown 1day,hr	
8:-Trade profession or particular	Cent Die J yeurs. Date of one et
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased iast worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 1981 occupation (coupation)	
12. BIRTHPLACE (city or town) A.D.	Other Contributory Causes of importance:
(State or country)	- Climit my order
13. NAME Olu Harsey	
13. NAME Olu Hussey 14. BIRTHPLACE (city or town) 32 4 (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIOEN NAME Many Arrough 16. BIRTHPLACE (city or town) Dank (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Lovin B Howey (Address) - Frances	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD Place our grup cureturon 11/13 1933	Manner of injury
19. UNDERTAKER Chafe H Ward (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1911 133 Revelia 10. Jawson Registrar.	(Signed) levery Coulling M. D. (Address) Day was and A

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance	11 1022	Other contributory causes of importance: Gastroenteritis	
Tatistonics .	May 1,1923	Gustroenterius	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

certificate.

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA-

B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Innersel	Registration Dist. No. 270
Village or City Maryon	No. St. Ward
/(If	death occurred in a horpital or institution, give its NAME instead of street and number) 26. ds. How long in U.S. if of foreign birth?
2. FULL NAME Dennie Wers Afry	eth
(a) Residence: No. Massan may (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fuel 4. COLOR OR RACE OR DIVORCED (write the word) Moist	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Price & Howelf.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTII (month, day, and year) July 5 18 73.	I last saw h. Ma. alive on Dac (, 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at L.D. H.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or postervier	were as follows: Calle Del Meant Date of onset
S. Hale, profession, or particular, or particular with the control of the control	P.
9. Industry or business in which work was done, as SILK MILL, Suseink. SAW MILL, BANK, etc	Demony Carcinoma of treas
10. Date deceased last worked at this occupation (month and well 932 spent in this occupation from the occupation occupat	Instastasia to lunga and larke
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
# 13. NAME Eligity & ward.	numero parmo
13. NAME Plysy & Park 14. BIRTHPLACE (city or town) Dr. 2 (State or country)	Name of operation
15. MAIDEN NAME CAPPER A Cours.	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME CASSIS A Cours. 16. BIRTHPLACE (city or town) D	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT MARTINIA TOUR	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIAN, OR REMOVAL Place St auls Com. Date Dec 3, 1933	Menner of injury
19. UNDERTAKER John a Brodstaw (Address) Cing is a and a a	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 17/7 33 Aurelia 17. Lawson	if so, specify (Signed) Long Doubles M. D.

(Address) - 14 USISIS

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
30 A.S.A.U. V. S.			•
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

-	2	1	E	1
Ţ	4	T	U	1

1. PLACE OF DEATH	(31)
County Soulles Y.	Registration Dist. No. 26
Village or City Masson ond.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME CIVILLA Joselas on	
(a) Residence: No. manus red	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) LLL LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 31, 1933
6. DATE OF BIRTH (month, day, and year) about 1878	I last saw h alive on 25 ,1983; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about 35 mman 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Date of office of
9. Industry or husiness in which	Level Va / Heer
work was done, as SILK MILL alice). SAW MILL, BANK, etc	Service Change
10. Data decaased last worked at this occupation (month and 93 2 spent in this occupation coupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Cl. 2 m. Out of a
13. NAME Lessly Joleson	Theres I go to bear
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MASSIN Haudy 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
8 0 6	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LES CANALISES (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marunsco Cerate In. 1932	Nature of Injury
19. UNDERTAKER John Q. Beadhau (Address)	14. Was disease or injury In any way related to occupation of deceased?
20. FILED 1934 Junelea Paracron	(Signed length Coullnum) M. D.
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows;	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

20. FILED ...

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mation should be carefully supplied.

B.—WRITE PLAINLY,

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of OCCUPA.

Exact statement

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12462
1.	219
County Similary	Registration Dist. No. 191
Village or City Musicon	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 24yrsmos.	28 ds. How long in U.S. if of foreign birth?
2. FULL NAME Judia Hollond for	es
(a) Residence: No. Munn (Usual place of abodé)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Luck 4. COLOR OR RACE OR DIVORCED (write the word) massive	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Mulfind Jones.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	I last saw h
9 Trade profession or particular	were as follows: Date of onset Date of onset
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) O. P. S. (State or country)	Other Contributory Causes of importance:
I 13. NAME Med Hollows	
13. NAME Med Hollows 14. BIRTHPLACE (city or town) Dross. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Fronkis Rimey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Proubic Rumey 16. BIRTHPLACE (city or town) MD (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Les Straus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Branch Cometary Date Dec 6 , 1933	Manner of injury
19. UNDERTAKER Chase H. Ward. (Address) marcon ma	24. Was disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) Musican

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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1)	tem of	Land
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FOR	IS A P	ctatod
MARGIN RESERVED FOR BINDING	N.BWRITE PLANKY, WIT. CNFADING INK-THIS IS A PERMANENT RECRED Every item of infor-	mation should be carefully sunnlied ACE should be stated BV A C WI V DIVERTANCE LEMIS ALL
MARGIL	CNFAD	Sunnied
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	N.	1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12463
1. PLACE OF DEATH	(124-2)
County Somersel	Registration Dist. No. 960
Village or City Trimers And M	M. ND. St Ward
Length of residence In city or town where death occurred 2 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Williams O. Land	lie Cal
(a) Residence: Np. Princess Assult	all and a second
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Wedowed	Wee. 2004, 193 3
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (fear)
(or) WIFE of Juginia Lagheld	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 11/1851	last saw h. M. alive on Que 2021, 1933; death is said
7. AGE Years Months Days If LESS than	
82 3 0 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Tarmer	mestigned !!
4 9. Industry or business in which	C 10 1.
work was done, as SILK MILL, SAW MILL, BANK, etc	ne s
11. Total time (years) this occupation (month and year) year)	
12. BIRTHPLACE (city or town) / Westones 0	Other Coutributory Causes of importance:
(State or country)	Janualy a Cesteral mile
13. NAME Levin Paulield	of cleuses y
13. NAME Tenn Payfield 14. BIRTHPLACE (city or town) Mestgres	Name of operation
(State or country) Maryland	Date of
15. MAIDEN NAME and Warwich	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Westoner	Accident, suicide, or homicide? Date of injury 19
(State or country) Tharuland	Where did injury occur?
17. INFORMANT 7. D. Fausfield	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Princess and Ond	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chances au Date Dec 22, 1932	Nature of injury
19. UNDERTAKER M. Y. Walson and Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) Princess Burel one	If se, specify
20. FILED Dec 2/, 19 33 J L Smith	(Signed) They I Meeleef M.D.
Registrar.	(Address) January affine
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	CERTIFICATE OF DEATH 12464
1. PLACE OF DEATHS WE SEE	95.6
county frances of the So	merset Registration Dist. No. 260
Villago or City Princes anne	NoSt., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmore	s. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Toward M. a	Rooler
(a) Residence: No. Orinces Comme	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6 DATE OF RIPTH (month day and very) June 18 1836	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is sa
7. AGE Years 7 Months 5 Days 16 If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	100 L 20
	fue of an other West farms
9 Industry or business in which work was done, as SILK MILL, large SAW MILL, BANK, etc	again selling in char.
(1) 10 Date deceased last worked at	Muston Co h turn diana
this occupation (month and one occupation seemed)	No We marinones
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	*
13. NAME Cohor W. Lastes	
I A BIRTURI AGE (city and city)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	
E 15. MAIDEN NAME That I Propose	What test confirmed diagnosis?
I	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
	(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) A8. BURIAL, CREMATION, OR REMOVAL	W
Place & anne Date Lace 5 197:	Manner of injury
Alm 1 ~	naute of multy
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Francis Client mi	If so, specify
20. FILED DEC X , 1933 9 9 0000	(Signed)
Registrar.	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKDAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	92.00
ould OCC	County Gowersel	Registration Dist. No.
sho of C	Village or City Manokin	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred in a hospital or institution, give its IVALVIE instead or street and number) ds. How long in U.S. If of foreign birth?yrs,mos,ds.
CORD. Every PHYSICIANS ct statement	2. FULL NAME Maria Maddox	
SICI SEC	(a) Residence: No. Manoflin	St Ward.
CORD.	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T B Y	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See (Month) (Oay) (Year)
MANEN A C T I assified.	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Maddy	22. I HEREBY CERTIFY, That I attended deceased from
EX EX Cla	6. DATE OF BIRTH (month, day, and year) 3 Minkingur	
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at / D. Lm.
IS A F stated properl	World 369 7 7 28 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS I be s be p	8. Trade, profession, or particular kind of work dona, as SPINNER, Mudwele SAWYER, BDOKKEEPER, etc.	Probabalty Natural
	9. Industry or business in which work was done, as SILK MILL,	Disease of the Heart
vK—T should it may n back	SAW MILL, BANK, etc	the Spied Juddenly
H m to	10. Data deceased last worked at this occupation (month and worked ayaar) 11. Total time (years) spent in this occupation occupation	No Physician in attendance
AGE that ions o	I Tomoreland	Other Coatributory Canses of Importance:
DI Se	12. BIRTHPLACE (city or town) (State or country)	Longle helplity
UNFAI supplied. n terms, ee instru	© 13. NAME	
H Ul supl in tel	14. BIRTHPLACE (city or town)	Name of operation Date of
70	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WITH carefully H in plain ortant. S	15. MAIDEN NAME	23. If death was dua to external causes (VIDLENCE) fill in also the following:
INLY, W. be carefu EATH in important	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(State or country)	Where did injury occur?(Specify city or town, county and State)
Y PA	17. INFDRMANT (Address) Manokin	Specify whether injury occurred in INDÚSTRÝ, in HDME, or in PÚBLIC PLACE.
57 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation station station station station is	Place // Data Data Ale / 1933	Natura of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER John U Bradshaw	24. Was disease or Injury in any way related to occupation of deceased?
8	(Address) busfield med	If so, specify f
z(T)	20, FILED Dle 8, 1933 J. E. Dickinson	(Signed) I Callet wison soul leg D. (Address) Whele Hairmand and
11 1	Registrar. If more blanks are needed, address State Revistrar.	2411 N. Charles Street. Baltimore. Requesting V. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill, etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	3 - 1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULTAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12466	
1. PLACE OF DEATH	——————————————————————————————————————	
County Sometset	Registration Dist. No. 2 6 8	
Village or City & Princes annu (If	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)	đ
Length of rasidence in city or town whera death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds	š.
2. FULL NAME Sarah P. Marcy	rer	
(a) Residence: No. Primets Come RFP	St. Ward.	
(Usual place of abode).	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Sende 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEL 16 (Month) (Day) (Yaar)	-
5a. If married, widowed, or divorced HUSBANS of (or) WIFE of Tranke Married	22. I HEREBY CERTIFY, That I attended deceased from	
6. OATE OF BIRTH (month, day, and year) hoy 23 - 18-7.	1 last saw h	
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
8. Trade, profession, or particular kind of work dona, as SPINNER. Housewife SAWYER, BOOKKEEPER, etc.	Valeurinea	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and spent in this	myocon Irenfie	
year) occupation	Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) (State or country)		-
13. NAME Ino. miller		-
Ξ.		-
4. BIRTHPLACE (city or town) (State or country)	Name of operation	-
15. MAIDEN NAME Soroh P. Philler 16. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following:	-
	Accident, suicida, or homicida? Data of injury, 19	-
(State or country)	Where did Injury occur? (Specify city or town, county and State)	-
17. INFORMANT A noule Morriner (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Parry Proce Lun Oats 10-es 1819 33	Manner of Injury	-
19. UNDERTAKER PSINSSMER	24. Was disaasa or injury in any way related to occupation of deceased?	-
(Address) Prince Africa, In	If so, specify	-
20. FILED 17/18, 1933 Though	(Signed) 7 Month	0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.	1		
Other contributory causes of importance:	E a gal	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact	PLACE OF DEATH County & murait County & murait	RATE LIMITS OF STATE OF MARYLAND CERTIFICATE OF DEATH
ECORD EXACTLY, P	Village or City Crisfield (No	Registration Dist. No. 265 1th St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
RE ated oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NE be st be pr	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUAL WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 19 3 3 (Month) (Day) (Year)
Eho son	EXCLET date unbousing 1882	17 Lec 7 1923 to 1004 7 1923
HIS IS A lied. ACE ms so than nstruction	(Month) (Day) (Year) 7/AGE Obout 37 yrs	and that death occurred on the date stated above, at
WRITE FAINLY, WH UNFADING INK-THIS CIANS should state CAUSE CF DEATH in plain terms statement of OCCUPATION is very important. See ins	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry Crab Packary (b) General nature of industry Crab Packary business, or establishment in which employed or (employer) B BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Ple 10 192 Parc 2 Colling Registrar	(Duration) Contributory Secondary (Duration) (Signed) *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, Recent Residents) At place of dea' yrs
	If more banks are needed, address tate Registrat	A6 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, 10 For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro shopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, ctc., ol FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Committee on Nomenclature Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE O	F DEATH			82-2	
County S.O.	merset			Registration Dist. No. 262	
	ity Cokesbury			NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,	
				ds. How long in U.S. If of foreign birth?yrsm	osd
2. FULL NA	ME William	Samuel	McDaniel		
(a) Residen	ce: No03	comake		St., Ward.	0
PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX	4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH	
Male	White		D (qurite the word)	December 11th. (Month) (Day)	, 193 3 (Year)
5a. If married, widow HUSBANO of (or) WIFE of F	lorence Mcl	Daniel		22. ! HEREBY CERTIFY, That I attended	deceased fro
6 DATE OF RIPTH	month, day, and year R e	n 23rd	1871	I last saw h alive on	death is se
7. AGE Yea		Days	If LESS than	to have occurred on the date stated above, a 2.30Pm.	, 40411110
6	2 9	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profe	sion, or particular				Date of ens
SAWYER	vork done, as SPINNER, BOOKKEEPER, etc	Farmer		Budden Rollefon,	Stra
a work wa	business in which done, as SILK MILL,				
SAW MII	L, BANK, etc	11 Total t	ima (veste)		
Emis occu	pation (month and 192	spe	ime (years) nt in this Life upation Life		
				Other Contributory Causes of importance:	
12. BIRTHPLACE (ci	ty or town) Somerse htry) Narvla		y	() - P	
				Mutical primoreting.	Asce
T	ohn McDanie		110 t 22		
14. BIRTHPLACE	(city or town) Some	rset col arvland	uncy	Name of operation Date of	
		rsons	•	What test confirmed diagnosis? Was there an a	
			04.57	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	(city or town) Somer	vland.	10,9	Accident, suicide, or homicide? Date of injury	, 19
			- 1	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT	rs.Florence F.D. Poc	omoke C	LT MA	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ACE.
18 BURIAL CREMAT	ION OR REMOVAL	OHORG V	V. e. M. C.	Manner of injury	
Place oc	S. T. M. T. V.	Date Dec.	14th,1933	Neture of injury	
	been fil	F	1 1 5 1	24. Was disease or injury in any wey related to occupation of deceased?	
19. UNOERTAKER (Address)	comoke Cit	v.Narvla	and	If so, specify	
11		at a de la la la Company de la	And J. I	I II dol about a consequence a	
20. FILED Wec	14 22 %-	10 00	Catt	(Signed) Jnne	M

A PERMANENT RE stated EXACTLY.

IS

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY, WITH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Angel	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FU	JRTHER S	STATEMENTS	BY	PHYSICIAN	Ą
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state should jo PHYSICIANS statement certificate. properly stated 30 back may pluods instructions 5 supplied. terms, See plain fully i. importan OF DEATH pe plnoys very AUSE I'ION is mation

OCCUPA-1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? vrs. mos. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of 22. REBY CERTIFY. That I attended deceased from (or) WIFE of I last saw 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oavs If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPAT Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation. Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REM Manner of injury Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKE! (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ii ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(123)
County Somerset	Registration Dist. No. 260
Village or City near Prences and	No. St., Ward
(li	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosmosds.
(a) Residence: No. Opinical place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
0.1-0.0.0	
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
19 2 26 or rain.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
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12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance: Tycherical Converse ferry Conversed
# 13. NAME Edward C. Marris	of Secretary
13. NAME Course C. Morris 14. BIRTHPLACE (city or town) May land (State or country)	Name of operation
# 15. MAIDEN NAME Florence Barnes	Whet test diafirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Threuce Darues 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide. Date of injury, 19
17. INFORMANT Clair Thorns (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Repobolic Moder Dec 4 , 1933	Manner of Injury Nature of injury
19. UNDERTAKER M. P. Watson and Sons	24. Wes disease or injury in any wey related to occupation of deceased?
20, FILED Dec. 4, 1933 J. amail	If so, specify (Signed) M. D. M. D.

Registrar.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING ARGIN RESERVED

7. AGE

OCCUPATION

FATHER

MOTHER important.

13. NAME

17. INFORMANT.

19. UNDERTAKER (Address)

20. FILED

(Address) 18. BURIAL, CREMATION, OR REMO

Jo back

on

See instructions

very

so that

8. Trade, profession, or particu kind of work dona, as Si SAWYER, BOOKKEEPER,

Industry or business in which work was done, as SILK SAW MILL, BANK, etc 10. Date deceased last worked

this occupation (month as

year)

12. BIRTHPLACE (city or town) ____ (State or country)

> 14. BIRTHPLACE (city or town) (State or country)

> 16. BIRTHPLACE (city or town) (Stata or equatry

15. MAIDEN NAME

should it may

supplied.

should be carefully -WRITE mation

CAUSE OF DEATH in plain terms, TION

	190-,10
year) Oct. 9, 1856	I last saw h alive on
Months Days If LESS than	to have occurred on the dato stated above, atm.
1 29 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
or Manner	Deul Del 7 Hent Det of onsot
h MILL,	
et 11. Total time (years) ad spant in this occupation	
md.	Other Coutributory Canses of importance: Climo mycesduly Climo Duy refluto
nons	
mut.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
llie Hard	23. If death was dua to axternal causes (VIOL ENCE) fill in elso the following:
u Mil morris	Accident, suicide, or homicide?
Buttergne 12/10, 193	Manner of Injury
Genelia P. Janson Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (M.D. (Address) MANNY M.D.
If more blanks are needed, address State Registre	st, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	RURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	OF MUIN	run	LOKTHER	DIVITIMITIMIE	DI	LILIDICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(191)
County Domerset	Registration Dist. No. 270
Village or City Cash Corner	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 8 / yrs, /0 mos.	/3 ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME William Bud Monis	
(a) Residence: No. Farm. Ouspul 1/2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Pared	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Maggy Morris	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIGH (month day and year) Feb 7. 1852	July 1933, to 7 . 1933
6. DATE OF BIRTH (month, day, end year) 7-4-2 / 8) 7. AGE Years Months Oays If LESS than	I last saw h alive on
7 1 15 11- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: (Role & Del Del Del Del Del Of Date of onset
6 kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	aremia.
L Industry or business in which work wes done as SILK MILL.	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceesed last worked at this occupation (month end of the year) year) 11. Total time (years) spent in this occupation occupation.	
dame	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) July Jones (State or country)	Clumio and neglines
	Clims rycusells
4 14. BIRTHPLACE (city or town) Whom (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
fee la mai	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT Carrie Thomas (Address) (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of Pauls Cens Date Alec 19, 1933	Neture of injury
19. UNDERTAKER John a Bradstam (Address) Life of the Control of th	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED MACI 9, 1933 C.E. Collins. Registrar.	(Signed) Leving Onullisms M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- indicated in the second of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECHAN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH item of should Registration Dist. No. County Marulan Village or City (If death occurred in a hospital or iostitution, give its NAME instead of street and number) Every PHYSICIANS Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 1933 (Year) PERMANENT (Day) (Month) classified 5a. If merried, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of 2 certificate. 6. DATE OF BIRTH (month, day, and year) properly 11. p.m. Davs If LESS than 7. AGE Y.ears Months to have occurred on the dete stated above, at ... stated 1 dev.hrs or____ min. Date of onset 8. Trade, profession, or particular OCCUPATION WITH UNFADING INK-THIS kind of work done, as SPINNER pe Jo SAWYER, BOOKKEEPER, etc., back 9. Industry or business in which work was done, as SILK MILL, may plnods SAW MILL, BANK, etc ... 11. Total time (years) on 10. Date deceased lest worked at this occupation (month end spent in this that occupation instructions Other Contributory Causes of Importance 80 12. BIRTHPLACE (city or town). (State or country) supplied. plain terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) be carefully What test confirmed diagnosis?____ Wes there en eutopsy? - Mars MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, sulcide, or homicide?_____ Date ef injury__ DEATH 16. BIRTHPLACE (city er town (State or country) Where did Injury occur?. (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very pluous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE mation Nature of injury TION 24. Wes disease er Injury In any wey releted to occupation of deceased: 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewift in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

Exact statement of OCCUPA-

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12474
1. PLACE OF DEATH	(22)
County ornersel	Registration Dist. No. 264
Village or City Wangscan	No. St, Ward
(If Length of residence in city of town where death occurred/_yrs/mos.	death occurred in a hospital-or institution, give its NAME instead of street and number) ds. How Jong in J. S. if of foreign birth?yrsmosds.
2. FULL NAME Durch forde	son tayne.
(a) Residence: No. What (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	22. A. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Leven O ayre	Due 5th 1933 bee 5-45, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw harman aliva on 1933, death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, ab2.14.9. F.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Setting SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	cretral taxonolons 2/4/33
10. Data deceased last worked at this occupation (month and spent in this	/
year) occupation.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	Anton Clesonia INK
II 13. NAME Pouse Luce de son	
13. NAME TO LESS THE LESS TO THE STATE OF TH	Name of operation
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and Palery 16. BIRTHPLACE (city or town) Sources to Leave (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT A. M. Payers (Address) Francisco Company (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ME Proces to be chery Mate Deall -, 1933	Nature of injury
19. UNDERTAKER BUILDILL Stevenson	24. Was disease or injucy in any way related to occupation of deceased? If so, specify
20. FILED Dell 1933 IS E. Dickinson	(Signed) . F Carlorus y M. D.
Registrar.	(Address) for esopta City Mod

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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	PL	oul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
	E	sh	O.	52	
	RII	ion	USI	Z	
	A	mat	CA	TIO	
	B				
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	1	T	1	

	-CERTIFICATE OF DEATH 12475
1. PLACE OF DEATH	48)
County Somerset	Registration Dist. No. 262
Village or City Rehobeth	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bertie Powell	
(a) Residence: No. Authorith (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word Narried)	December 14th, 193 3 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Grover Powell	22. See 11 HEREBY CERTIFY, That I attended deceased from 19 53 to See 144 19 33
6. DATE OF BIRTH (month, day, end year) April 28th.1887	
7. AGE Years Months Days If LESS the	
46 7 16 Iday,	mere as follows.
8 Trade profession or particular	Date of onset
9. Industry or business in which	Jacque
work was done, as SILK MILL, SAW MILL, BANK, etc	Carcinoma of Carrix store. Had radium
10. Dato deceased last worked at this occupation (month and year) spant in this occupation	treatment Cusp
12. BIRTHPLACE (city or town) Somerset County (State or country) Maryland	Other Contributory Causes of importance: Rafan promonica due to molastasis to lunge.
13. NAME George Powell 14. BIRTHPLACE (city or town) Somerset County (State or country) Varyland.	Name of operation Date of What test confirmed diagnosis? Was there an au'onsy?
	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MATDEN NAME Martha Dryden 16. BIRTHPLACE (city or town) Somerset County (State or country) Maryland	Accident, suicide, or homicide?
(State or country) Haryland. 17. INFORMANT Grover Powell	Where did injury occur? (Specify city or town, county and State)
(Address) OCOMOKe City Nd. R.F.D. 1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Manner of injury
Place Rehobeth, 11d. J. Daie Dec. 17th, 19	O.O. Nature of injury
19. UNDERTAKER HESSIAN Stevenson	24. Was disease or injury in any way related to occupation of deceased?
(Address) TOCOMOKE City, Karyland.	If so, specify (Signed) M. D.
20. FILED / Nelle 16., 1933 Damuel DOM. Registrat	(Address) & Cambridge (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II	Example I				
cause of death and related causes Date of onset were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
sy 1 week ago	1915	Arteriosclerosis			
et car 1 week ago	1921	Chronic interstitial nephritis			
3 days ago	July 5,1927	Cerebral hemorrhage			
		JAN 3 1934			
itory causes of importance:		Other contributory causes of importance:			
1 year	May 1,1923	Gallstones			
	May 1,1923	Gallstones			

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Somerset WITHIN CO	negistration bist. No
(If Length of residence in city or town where death occurredyrs,mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) S. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Cyclical (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Solution S	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Jakse Rend	22. I HEREBY CERTIFY, That I attended decessed from 542 10 1933 to 5 (2)9
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, Sawyer, BOOKKEEPER, etc.	were as follows: Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Hemplegia
12. BIRTHPLACE (city or town) Crisfield (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Severy Milles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lausonia Casa Date Dec 14, 19 33	Manner of injury
19. UNDERTAKER (John al Bradalia) (Address) Crispello	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)
20 FILED / X -DE /41033 ()	(Signed) le l'heafth M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. certificate.

See instructions on back of

TION is very important.

		STATE O	L MINK	I LAND	CERTIFICATE OF DEATH	1
	1. PLACE OF	F DEATH	0			1641
	County	Somerset	TH	thin corp	ORATE LIMITS OF Registration Dist. No. 265	
	Village or C	ity Crisfiel	Ld	(11	No. Main St., feath occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of resi	dence in city or town where de	eath occurred	yrs,mos	ds. How long in U.S. iI of foreign birth?yrsm	iosd
	2. FULL NAI	ME Minnie J	Jones T	aylor		
	(a) Residen	ce: No. Cri	(Usun! place	of abode)	St., Ward. If nonresident give city or lown and	d State
_		AL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Dec. (Month) (Day)	, 193 3 (Year)
5a	. If merried, widow HUSBAND of (or) WIFE ot	ed, or divorced Norris Tayl	lor		22. I HEREBY CERTIFY, That I attended	deceased fro
	DATE OF BIRTH	4	1-1	> 1914	, 19, to	
	AGE Year	month, day, and year) rs Months	Days	If LESS than	I last saw h alive on, 19, 19, 19 to have occurred on the date stated above, atm.	_; death is sai
	1		22	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of onse
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc.					-
	9. Industry or to	done, as SILK MILL, FL, BANK, etc.	Tome		Gunshot wound through	
20	10. Date decease			time (years)	heart.	
0		pation (month and	spe	ntin this upation		
12	. BtRTHPLACE (cit	y or town)			Other Contributory Causes of importance:	
	(State or coun	try) Marylar	1d			
HER	13. NAME	Lee Jones				
FATHER	14. BIRTHPLACE (State or	(city or town) Mary	land		Name of operation Date of What test confirmed diagnosis? Was there an	autonsy?
HER	15. MAIDEN NAM	Louise J	Tones		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (State or	(city or town)	land		Accident, suicide, or homicide Aonicide Date of injury	
17.		Amos Jones Crisfield.	Md.		Where did injury occur Crisfield, Somerset (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
18.	BURIAL, CREMATI		, 0	note	Manner of injury	
	Placelle	1 Males	Date Dec	1933	Nature of injury	
19.	. UNDERTAKER (Address)	J. A. Bas	vaor	L	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20.	FILED DUC !	0 ,1933 DNC 9	Collis	red	(Signed) lo E le alem)	M. I
			I MADEAL	Registrar.	(Address) Crisfield, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

0	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	HEBITIONIE	DI IIOLI I OI	i Civiliani .	~	DACATAL	
-						

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

FOR BINDING ARGIN RESERVED

CNFADING INK-THIS IS A PERMANENT RE unation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	320 0 16 C
County AMALLU	Registration Dist. No.
Village or City DAMES QUARTER, MD. (If	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign hirth?yrsmosds.
2. FULL NAME Assay Toda	
(a) Residence: No. Parago Quantum (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED furite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Reliab of Early WISBAND of (or) WIFE of Ariellan S, Toold.	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1854 May 5	I last saw h. A. aliva on S. O.V. 2.8., 1933; death Is said
7. AGE Years Months Days LESS than	to have occurred on the data stated above, at
/7 6 26 Loay,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Iollows:
8. Trada, prolession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Memphegga
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	I have a osy francisco
10. Data deceased last worked at this occupation (month and year)	*
12. BIRTHPLACE (city or town) & hand will	Other Contributory Causes of importance:
(State or country) 13. NAME Bot and a region Atmits!	Enactation
13. NAME Benjamin Johnson 14. BIRTHPLACE (city or town) lahange mil	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Arrang Jones	23. II death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Arrange Jones 16. BIRTHPLACE (city or town) MAs	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT Florence Me Graff	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dancestantes Date Deet , 1933	Nature of injury
19. UNDERTAKER AUTUS	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Dea # , 1933 Qre Welster. Registrar.	(Signod) Q Paufast M. D. (Address) D Dayel
Kegistrar.	(1001030)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- JAN 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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ì	STATE OF MARYLAND—	CERTIFICATE OF DEATH	:479
	1. PLACE OF DEATH	<u> </u>	
	County Simersit.	Registration Dist. No. 26	
	Village or City Thoman (If	NoSt.,steam of the street and nur	Ward
	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
	2. FULL NAME Stillarth presless		
	(a) Residence: No	St., Ward. If nonresident give city or town and St	ate
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Superior of the color of the colo	21. DATE OF DEATH Not Brown (Month) (Day)	193.3 (Year)
5a	. If married, Widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended dec	
6.	DATE OF BIRTH (month, day, and year) Lea 30 3?	I last saw h alive on	
7.	AGE Yaers Months Days If LESS then	to have occurred on the data statad abova, at	adden 13 July
4	aleva Bm. I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
z	8. Trade, profession, or particular kind of work done, as SPFNNER,		Date of onset
110	SAWYER, BOOKKEEPER, etc.	aux Brm.	
UPA	9. Industry or businass in which work was done, as SILK MILL,	7 month child	
OCCUPATION	SAW MILL, BANK, etc 10. Date deceasad fast workad at this occupation (month end year)		
12	BIRTHPLACE (city or town) DR A. (State or country)	Other Contributory Causes of importance:	
2	13. NAME Ernery Warlins		
FATHER	- contra proces		
FA	14. BIRTHPLACE (city or town) Deval	Name of operation Date of	
2	15. MAIDEN NAME Bessis Physippis	What test confirmed diagnosis? Was there an auto	opsy?
MOTHER	16. BIRTHPLACE (city or town) - 5 22 D. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?	, 19
17.	(Address) There market	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	Phentone runging to Data 12/30, 1933	Mannar of injury	
19.	UNDERTAKER Curbuf Waters (Addrass) Warrong Med	24. Was disaase or injury In any way ralatad to occupation of dacaased?	
20.	FILED 1930, 1935 Jurelea 12, Janvor	(Signad) Surge Dulland	M. D.
	The many Market was all all Co. D.	27 04 1 0 2 14	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

-WRITE PLAINLY, WITH

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	52)
County Doulland	Registration Dist. No. 268
	No
Langth of rasidence in city or town whera death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME GARL 13. Websur	al West
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pring the word) Manned	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Was Jones Webster	22. 1 HEREBY CERTIFY, That I attended deceased from 19,3,3, to 10,1,19,3,3
6. DATE OF BIRTH (month, day, and year) 18 188/	I last saw h. L alive on
7. AGE Years 52 Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
5+ 0 +8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	General Caremons
SAWYER, BOOKKEEPER, etc. 9 Industry or business in which	from bangs on troops
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and special programs) as a second in this content of the second in this country in the second in	A-00-1-00-1-00-1-00-1-00-1-00-1-00-1-00
10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town) CHANCE, MD.	Other Contributory Causes of importance:
(State or country)	O tracia / a yhanesim
13. NAME (Washington Webster	
13. NAME (Mashing In William) 14. BIRTHPLACE (city or town). CHANCE, MD.	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CONTA Soulersly	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury, 19
(State or country) CHANCE, MD.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CHANCE, MD.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Che Date Date 33	Nature of injury
19. UNDERTAKER X ESSMIL & Wellaler	24. Was disaase or injury in any way related to occupation of deceased?
(Address) DEALS (SLAND, MD.	(Signed)
20. FILED ALL 1933 A Transfer Meditor	(Signed) (Address) CHANCE MD
Kegistrar.	- (20/40/30)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	infor-	state
D	em of	plnous
	ECORD. Every it	PHYSICIANS
ARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated
ERVED	VK-THIS	should be
N K E	ING IN	AGE
RGI	UNFAD	supplied.
	Y, WITI	arefully
	PLAINL	hould be c
0.1	-WRITE	mation sl
Z	B	-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

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TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23)
County Soughall.	Registration Dist. No. 268
Village or City CHANCE, MD,	· No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lindsen Wills	asus
(a) Residence: Np. Chancel	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RÂCE 5. SINGLÉ, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC 19 1933 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month day and year) 1909 mmm.	I last saw hand alive on I I I I I I I I I I I I I I I I I I
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 111 Pm.
24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular \(\int \)	Pulmonang Tuhucung
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	Gradation T. Ox Warm
13. NAME Noah T. Welliams	
13. NAME YOUL T. Welliams 14. BIRTHPLACE (city or town) GMANCE, MD.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en au opsy?
15. MAIDEN NAME TUCHLIA JOSEP	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME INCIPLIA ONE 16. BIRTHPLACE (city or town) CHANCE DO. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Francisco Williams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION OF REMOVAL Place ONCOME Date DIC 12 19 33	Mature of Injury
19. UNDERTAKER TYPE OF THE STATE OF THE STAT	24. Was disease or injury In any way related to occupation of deceased?
20. FILED De 22, 19 Rom Welster Registrar.	(Signed) GHANCE, MD. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
E. REATT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN